

POSITION	ID NO.	DATE
CLASSIFIER	10	6-20-95
EXAMINER	60	7-11-95
TYPIST	343	7/11/95
VERIFIER	353	7/12
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
09	64
02	22
05	96/97
1	✓ ✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	0 0
10	0 0
11	✓ ✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓ ✓
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SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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JEST AVAILABLE COPY